Dr. Rann. e-3720

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791 2/1

630
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008

(b) Township ..... Primary Registration District No. ..... Registered No. 486

(c) City St. Louis, (d) Street No. 6006 Westminster, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dora S. Bryden, L 35

(a) Residence, No. 6006 Westminster, St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander A. Bryden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri 6

FATHER

13. NAME James Sharp 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 1

MOTHER

15. MAIDEN NAME Eudora Mann,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. INFORMANT Mr. A. A. Bryden, (ADDRESS) 6006 Westminster Pl.

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Bellefontaine DATE JAN. 15 1938

19. FUNERAL DIRECTOR Wagoner Undertaking Co (ADDRESS) 3621 Olive St.

20. FILED JAN 15 1938 J. G. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938, to Jan 11, 1938 Last saw her alive on Jan 11, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Chronic Myocarditis	
Bronchitis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. L. Krause, M. D.
(Address) 3727 W Washington

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Kraus Jr.
3720 Washington

STATEMENT BY LICENSED EMBALMER

I, Elmer C Grothe, Licensed Embalmer No. 3351

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Elmer C Grothe

Licensed Embalmer No. 3351

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)